

University of Connecticut School of Family Studies

Syllabus for HDFS 302: Prevention, Intervention, and Public Policy, Spring, 2002

Instructor: **Dr. Jim O'Neil**
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Meets: Tuesdays – 1:00 P.M. – 3:30 P.M. -
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Dr. Steven Anderson, Professor, School of Family Studies, Director for the Center for Applied Research
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Course Description:

Team taught, survey course on the theory, practice, and science of primary prevention of human problems. Prevention concepts and case studies are presented by the faculty. Students give analysis and critique of course content and develop personal and professional perspectives on prevention practice and possible social policy initiatives.

Course Objectives:

1. To know the history of prevention over the last 40 years.
2. To define primary prevention.
3. To enumerate critical areas where prevention interventions are needed.
4. To define prevention science.
5. To enumerate some principles of prevention science.
6. To know the different models of prevention.
7. To know the preventive problem solving process.
8. To enumerate the essential skills of a preventionist.
9. To know how consultation relates to prevention.
10. To know the different models of consultation.
11. To know the different phases of the consultation and prevention process.
12. To know the different evaluation designs of prevention science.
13. To review and critique multiple prevention cases studies described in Albee and Gullota (1996).
14. To critique the concepts and case studies presented by the team teaching faculty.
15. To know the ethical and diversity issues in developing and implementing preventive interventions.
16. To discuss how public policy initiatives can occur through prevention interventions.
17. To create a prevention proposal that could be implemented in the future.
18. To personalize the prevention course concepts and answer the question: Will prevention be a part of my personal and professional identity?
19. To participate in an open and honest discussion of the course content and process through a focus group conducted by Dr. Keith Barker, Director of the Institute for Teaching and Learning.
20. To evaluate the course.

21. To create additional goals as the course evolves.
22. To enjoy each other and the learning process.

Class Process and Structure

There is a premeditated structure to the class that invites students to personalize the course contracts. This invitation is in the form of a question: Will prevention be part of my personal professional identity? Students should leave the course with sufficient knowledge to create and implement a prevention intervention on their own, although supervision may be warranted in some cases. Students' attitudes toward prevention and the course will be assessed through a needs assessment questionnaire sent in the mail and returned before the first class begins. The needs assessment data will be used to structure the course. Furthermore, these data will be summarized for the students and faculty during the first class. The overall design of the course is to first establish the theoretical, scientific, and applied foundations of the course. **Seven core domains** of learning represent this foundation including: 1) Definitions of prevention, 2) Theoretical models to understand prevention, 3) Prevention science, 4) Consultative processes and skills employed in prevention, 5) Ethical issues and questions related to diversity and prevention, 6) Assessment and evaluation of prevention interventions, 7) Student personalizing the course concepts. During the first five weeks, these domains of learning will be studied. Weekly questions will be posed to the instructor by the students before coming to class. Class time will be used for brief lectures, dialogue, discussion, and answering questions. The theoretical and applied foundation will be followed by nine lecturers who will either add more prevention concepts and /or describe their own prevention interventions. Students will use their emerging prevention knowledge in the seven domains to analyze the lecturer's ideas and prevention case studies. Weekly questions will be posed to each lecturer. Simultaneously, students will demonstrate their knowledge of prevention through completing a take home exam/units and critiquing one prevention case study from Albee and Gullotta (1997). Students will also have an opportunity to observe or participate in the School of Family Studies Spring Prevention Series as assistants, helpers, facilitators, or moral supporters. Finally, the students will create their own prevention intervention proposal, where they apply the course concepts to a problem they want to prevent (make a difference with). If time permits, students will present their prevention case studies during the last two weeks of class. Ideally, the learning would continue after the course is finished. Students could implement their prevention proposals, in a subsequent semester, by themselves or through a prevention practicum, under the supervision of a School of Family Studies faculty member.

Texts and Readings

Albee, G.W. & Gullotta, T.P. (Eds.) Primary prevention works. Thousand Oaks, CA.: Sage Publications.

O'Neil, J.M. (2002) Course Manual for HDFS 302 – Prevention, Intervention, and Public Policy. School of Family Studies, University of Connecticut, Storrs, CT.

Readings On Reserve Homer Babbidge Library Reserve Room, Electronic Reserve, and also on the WebCt Home page for HFDS 302 (See reading list for each week on pages 4 - 8 and alphabetical listing on pages 14 - 16 of this syllabus).

How To Obtain the Readings

There are three ways to obtain the readings:

1. Go to the Homer Babbidge Library Reserve Room: Ask for HDFS 302.
2. Go to UCONN Electronic Course Reserve Web Page: <http://www.lib.uconn.edu/ECR/>
Follow instructions
3. Log on to HDFS 302 WebCT Home page: Instruction found below:

Logging On to HDFS 302 WebCT Home Page Instructions:

1. From your web browser (Netscape, Internet Explorer) go to: <http://webct.uconn.edu>
2. On the screen, entitled "UConn OnLine Courses" select: Log on to my WebCT
3. In the Username and password box type your WebCT user name and WebCT password.
Your User Name is your CMS ID (ex. Jad1002 for Jane A. Doe, a new UConn student)
Note you **MUST** type your initial in **small case**.
Your initial password is your social security number (nine digits, no dashes).
4. If you log on successfully, you will get to your "MyWebCT" that has your name at the top. You can then access your courses directly by clicking on the blue, hyperlinked course name.

CLASS SCHEDULE

<u>Date</u>	<u>Topic, Readings, and Lecturer</u>
Jan. 29:	Faculty and Students Introductions, Course Contexts, Expectancies, Syllabus, Needs Assessment Data, What is prevention?
Participants: All Team Teaching Faculty	
Feb. 5:	History of Prevention, Definition of Prevention, Bloom's Orientation to Primary Prevention Practice
Lecturer: Dr. Jim O'Neil, Professor of Family Studies	

Readings:

Governor John Rowland's Prevention Initiative for Youth
<http://www.dhhas.state.ct.us/sig/initiative.htm>

Foreword, Primary Prevention Works (Albee & Gullotta, 1997)

Introduction, Primary Prevention Works (Albee & Gullotta, 1997)

Albee, G.W. & Gullotta, T.P. (1997). Primary prevention's evolution. In G.W. Albee & T.P. Gullotta (Eds.) Primary prevention works (pp. 3-22).

Conyne, R.K. (1994). Preventive counseling. Counseling and Human Development, 27, 1-10.

Bloom, M. (1996). Frame of reference for primary prevention practice. In M. Bloom Primary prevention practices (pp 1-23). Thousand Oaks, CA.: Sage Publications.

Prevention Newsletter, Division 17 of American Psychological Association (Counseling Psychology), Prevention Section , #6, Summer, 2001.

Feb 12: Prevention Science and Consultation as a Vehicle for Prevention

Lecturer: Dr. Jim O'Neil, Professor of Family Studies

Readings:

Coie et al., (1993). The science of prevention: A conceptual framework and some directions for a national research program. American Psychologist, 48, 1013-1022.

Gullotta, T.P. (1997). Operationalizing Albee's incidence formula. In G.W. Albee & T.P. Gullotta (Eds.) Primary prevention works (pp.23-37). Thousand Oaks, CA.: Sage Publications.

Conoley, J.C. & Conoley, C.W. (1986). Consultation: What is it? Why do it? In J.C. Conoley & C.W. Conoley (Eds.) School consultation: A guide to practice and training. New York: Pergamon Press.

Lippitt, G. & Lippitt, R. (1986). Consultant roles. In G. Lippitt & R. Lippitt (eds.) The consulting process in action. San Diego, Ca.: University Associates, Inc.

TAKE HOME EXAM-UNITS DISPERSED

Feb. 19 Prevention Ethics; Example of consultation and prevention

Lecturer: Jim O'Neil, Professor of Family Studies

Reading(s):

Pope, K.S. (1990). Identifying and implementing ethical standards for primary prevention. Prevention in Human Service, 8, 2, 43-64.

O'Neil, J.M., Ohlde, C., Barke, C., Gelwick, B., & Garfield, N. (1980). Research on a workshop to reduce the effects of sexism and sex role stereotyping on women's career planning. Journal of Counseling Psychology, 27, 355-363.

O'Neil, J.M. & Conyne, R.K. (1992). Reducing racism and sexism in a university setting through organizational consultation. In R.K. Conyne & J.M. O'Neil (Eds.) Organizational consultation: A casebook. (pp. 146-183). Newbury Park, CA: Sage Publications.

Feb. 26 Operationalizing Prevention: Skills and Applications

Lecturer: Dr. Robert Conyne, Professor and Director of Counseling Program
University of Cincinnati

Readings and Exercise Assignment:

Conyne, R.K. (1997). Educating students in preventive counseling. Counselor Education and Supervision, 36, 259-269.

Take Home Prevention Exercise: Incidence Reduction; Using Albee's Incidence Formula

TAKE HOME EXAM-UNITS TURNED IN

March 5 **Prevention as Taking Responsibility for Health and Social Problems: Social Determinants of Health and Social Problems**

Lecturer: Dr. Marysol Asencio, Assistant Professor of Family Studies

Readings:

Knowles, J.H. (1997). The responsibility of the individual. In P. Conrad & R. Kern (Eds.) The sociology of health and illness: Critical perspectives. New York: St. Martin Press.

Crawford, R. (1997). Individual responsibilities and health politics. In P. Conrad & R. Kern (Eds.) The sociology of health and illness: Critical perspectives. New York: St. Martin Press.

McKinlay, J.B. A case for refocusing upstream: The political economy of illness. In P. Conrad & R. Kern (Eds.) The sociology of health and illness: Critical perspectives. New York: St. Martin Press.

Becker, M.H. (1986). The tyranny of health promotion. Public Health Reviews, 14, 15-25.

Ma, Grace Xuequin & Henderson, G. (1999). Ethnicity and health care. In G.X. Ma & G. Henderson (Eds.) Rethinking ethnicity and health care: A sociocultural perspective. Springfield, MA: Charles Thomas Publishers.

Williams, D., Lavizzo-Mourey, R., & Warren, R. (1999). Race in health of America. In G.X. Ma & G. Henderson (Eds.) Rethinking ethnicity and health care: A sociocultural perspective. Springfield, MA: Charles Thomas Publishers.

Link, B.G. & Phelan, J. (1995). Social conditions as fundamental cause of disease. Journal of Health and Social Behavior, Extra Issue, 80-94.

March 12: **Striving to Achieve Nothing: Preventing Child Abuse and Neglect Through Parent Education**

Lecturer: Dr. Preston Britner, Assistant Professor of Family Studies

Readings:

Reppucci, N.D., Britner, P.A. & Woolard, J.L. (1997). Introduction. In N.D. Reppucci, P.A. Britner, & J.L. Woolard (Eds.) Preventing child abuse and neglect through parent education. (p.15). Baltimore, MD: Paul H. Brookes Publishing Company.

Reppucci, N.D., Britner, P.A. & Woolard, J.L. (1997). Evaluation for the prevention educator. In N.D. Reppucci, P.A. Britner, & J.L. Woolard (Eds.) Preventing child abuse and neglect through parent education. (p.37-47). Baltimore, MD: Paul H. Brookes Publishing Company.

Olds, D. (1997). The prenatal/early infancy project: Fifteen years later. In G.W. Albee & T.P. Gullota (Eds.) Primary prevention works. (pp. 41-67). Thousand Oaks, CA.: Sage Publications.

Winter, M.M. & McDonald, D.S. (1997). Parents as teachers: Investing in beginnings for children. In G.W. Albee & T.P. Gullota (Eds.) Primary prevention works. (pp.119-145). Thousand Oaks, CA.: Sage Publications.

March 19: SPRING BREAK

March 26: Prevention from a Macro Perspective: Family Impact Analysis as a Tool

Lecturer: Dr. Steven Wisensale, Ph.D. Associate Professor of Family Studies

Readings:

Wisensale, S.K. & Waldron, R.J. (1991). Applying the family impact statement to DRG's: Implications for future policymaking. Lifestyles: Family and Economic Issues. 12(1), 89-101.

Wisensale, S.K. (1999). Partnering with the state legislature: Connecticut's family impact seminar. In T.R. Chibucos & R.M. Lerner (Eds.) Serving children and families through community-university partnerships: Success stories. (pp.43-46). Boston: Kluwer Academic Publishers.

Wisensale, S.K. (1994). Family impact analysis: A handbook for policy and practice. (pp. 1-4). University of Connecticut Cooperative Extension System, Storrs, CT.

Wisensale, S.K. (1996). Youth violence: The role of families, schools, and communities. University of Connecticut Family Impact Seminar Policy Paper. Presented at the Legislative Office Building, December, 1996, Hartford, CT.

The Policy Institute for Family Impact Seminar Home Page:

<http://www.uwex.edu/ces/familyimpact.htm>

CASE STUDY ANALYSIS/CRITIQUES DUE

April 2: Community-based Partnership: The key to Successful Prevention Programs

Lecturer: Dr. Maureen Mulroy, Associate Professor of Family Studies

Readings:

Bothell, J. Mulroy, M.T. & Gaudio, M. (2000). Public service and public health: A university/government collaboration to prevent childhood lead poisoning. Journal of Higher Education, Outreach, and Engagement. 6, 31-39.

April 9: Preventive Field Intervention for Early Development

Lecturer: Dr. Charles Super, Dean and Professor of Family Studies

Readings:

Super, C.M. & Harkness, S. (1994). Temperament and the developmental niche. In W.B. Carey & S.C. McDevitt (Eds.) Prevention and early intervention: Individual differences as risk factors for the mental health of children. (pp.115-125). New York: Brunner/Mazel.

Super, C.M. & Harkness, S. (1999). The environment as culture in developmental research. In S.L. Friedman & T.D. Wachs (Eds.) Measuring environment across the life span. (pp. 279-323). Washington, D.C.: American Psychological Association.

**April 16: Prevention and Elderly Housing (Dr. Sheehan)
Preventive Approaches and Successful Aging (Dr. Klein)**

**Lecturers: Dr. Nancy Sheehan, Associate Professor of Family Studies
Associate Dean & Director of Graduate Programs**

**Dr. Waldo Klein, Associate Professor of Research, School of
Social Work, University of Connecticut**

Readings (Sheehan):

Sheehan, N. W. (in press). Primary prevention and health promotion: Considerations for senior housing. Encyclopedia of Primary Prevention. New York: Plenum Publishers.

Readings (Klein):

Klein, W.C. (in press). The prevention of problems with the use and misuse of alcohol among older persons. Encyclopedia of primary prevention. New York: Plenum Publishers.

Klein, W.C. & Bloom, M. (1997). Primary prevention for helping professional working with the new senior populations. In W.C. Klein & M. Bloom (Eds.) Successful aging: Strategies for healthy living (pp. 1-19). New York: Plenum.

Klein, W.C. & Bloom, M. (1997). Preventing individual limitations/problems. In W.C. Klein & M. Bloom (Eds.) Successful aging: Strategies for healthy living (pp. 99-155). New York: Plenum.

April 23: Prevention Certification In Connecticut

Lecturer:

**Dr. Steve Anderson, Professor of Family Studies, Director for the Center for Applied Research,
School of Family Studies.**

Readings:

Web site: Connecticut Certification Board Inc. Prevention Professional Certification: <http://www.ccb-inc.org/ccbprev.html>

PREVENTION PROPOSALS DUE

April 30: Student Presentations of their Prevention Case Study Proposals (Tentative)

May 7: Student Presentation of Their Prevention Case Study Proposals (Tentative) Class Evaluation

Focus Group Assessment of this Team Taught Course: Dr. Keith Barker, Director of the Teaching and Learning Institute, University of Connecticut

ASSIGNMENTS

There are four assignments beyond the weekly readings. They are described below:

- 1. Weekly Questions Submitted on the Readings** – Each week **after** completing the readings, students will submit two or more critical questions on the readings to the lecturer of that week **and** the instructor. These questions need to be sent 36 hours in advance of the class (Before 12:01 A.M. Monday Mornings). For Dr. O’Neil the email address is Jimoneill@aol.com (that is my name, followed by the number 1 @aol.com). All other faculty email addresses are found on the first page of the syllabus. Good questions require careful thought and reflections. Someone once told me that it is easier to tell the level of intelligence of someone, not by the answers they give, but by the questions they ask. Your questions should focus on significant issues that are important to you, issues that are confusing or puzzling, or areas where you want elaboration. The faculty also needs to be challenged and your questions can help them refine and expand their prevention ideas. We may raise more questions than we can answer, but at least we will be going beyond the assigned readings and hopefully create some new knowledge along the way.

- 2. Take Home Exam/Units**: Students will answer questions related to the readings for the first five weeks of the class. This assignment insures that all students have an active prevention vocabulary and theoretical context to understand primary prevention. This assignment prepares the student to analyze and evaluate the individual lectures of the faculty from February 26 to April 16. Take Home Exam/Units will be dispersed on February 12 and due on February 26. These papers are to be typed, double spaced, with readable font, using APA style of writing.

- 3. Case Study Analysis/Critiques**: Students will analyze one case study from Albee & Gullotta’s (1997) Primary Prevention Works. Students will select any of the case studies (except for the chapters by Olds and Winter & McDonald) and critique it using the outline found on page 12 of this syllabus. This assignment is due right after Spring break (March 26, 2002). These case studies are to be typed, double spaced, with readable font, using APA style of writing. Case studies should be no longer than 15 pages excluding references.

- 4. Prevention Case Study Proposal and Possible Class Presentation**: The goal of the prevention case study proposal is to help students apply the conceptual information about prevention in a real or hypothetical prevention intervention. The generation of a prevention proposal is designed to be an opportunity for an integration and synthesis of the course content around a prevention topic that you have special interest. Students will create a preventive intervention using the course concepts that have been studied throughout the semester. Creative thinking and knowledge of the course concepts are required to complete a proposal that has depth and comprehensiveness. The outline for this case study is found on page of the syllabus. Proposal should be typed, double-spaced, with readable font, using APA style of writing. Case studies are due April 23, 2002. Students will present their case studies during the last two weeks of class. (I may reconsider this if there are more pressing class needs).

Class Preparation and Participation

The success of this course depends on both faculty and student preparation each week. To fully participate, students must read and study the assigned material and come to class ready to discuss the material and react to other people's ideas. There is really no substitute or short cut for not preparing each week. In small seminars like this one, unprepared students are very transparent and discernible. If you have a legitimate reason for not being prepared (sickness, death in the family), let the instructor know your situation before class. Class participation also means your active/positive support of other student's ideas and respectful disagreement when your ideas are different from other students. Disrespectful, overly competitive, and unprofessional exchanges are unacceptable in this class and will be publicly addressed when and if they happen.

Assignment Weights Related to Grading:

Positive, Constructive, Relevant and Intelligent Class Participation:	10%
Submission of Weekly Questions on the Readings on Time:	5%
Take Home Exam/Units:	20%
Case Study Analysis/Critique	25%
Prevention Case Study Proposal and Possible Class Presentation	40%

Criteria for Assignment of Grades:

Final grades will be earned, determined, and assigned from the four assignments and class participation described above using the following criteria:

1. Clarity of writing and thought.
2. Factual accuracy of writing and thought.
3. Validation of ideas using theory, professional literature and empirical research.
4. Creativity of thought.
5. Capacity to generate new knowledge.
6. Synthetic and analytical nature of thought and writing.
7. Completion of assignments on due date.
8. Personalization of the course content.
9. Class preparation
10. Constructive participation and involvement in the course
11. Contribution to other class members' learning, knowledge, and growth.
12. Positive attitude toward learning.
13. Critical thinking about the course concepts.

Class Norms, Climate, and Process: Interpersonal Respect, Professionalism & Collegiality, Role Fulfillment

How we interact with each other during our class is of critical importance in creating a cohesive and stimulating learning environment. Personal and intellectual differences, disagreements, and debates do not have to mean distance and dislike of any other person. I would offer the positive and negative correlates of student-faculty interaction as active behavioral norms for our class interaction. These correlates are attached on the next page. Three positive correlates are interpersonal respect, professionalism/collegiality, and role fulfillment. Three potential negative correlates are power, control, and competition. There are over 75 behavioral descriptors of student-faculty interaction in this table. Some of these behavioral descriptors can also be used to describe student-student interaction. Please study these behaviors and work with me to create a learning environment that is respectful, collegial, and something that we all can take pride in. If you have any serious conflicts/problems with the instructor/lecturers or any classmates, bring these issues to the instructor's attention, so we can constructively problem solve.

Involvement In the School of Family Studies Prevention Series, Spring, 2002

For students who would like to become actively involved in some actual primary prevention activities, there are opportunities through the School of Family Studies Spring, 2002 Prevention Series. A description of these programs is attached on the next page of this syllabus. The instructor needs a photographer, numerous small group leaders for the forgiveness workshops, symposia workers, moral supporters, and other identified resource people to implement these three school and campus-wide programs. You will be trained for any of these roles and may have involvement with the Family Violence Initiative (Professors Anderson, Britner, Brown, Mulroy, Rohner as well as Nancy Rohner and Kathleen Holgerson, Director of the UCONN Women's Center).

HDFS 302 Course Manual

A sixty-five page course manual has been prepared that collates most of the theoretical and practice oriented information presented in the first five lectures. The information in the manual provides an active prevention vocabulary and models on how to implement prevention interventions. Collating this information into one place allows both students and faculty to study prevention using a common language. This manual will no doubt be expanded when students and faculty discuss additional concepts that are essential to understand prevention, intervention, and social policy.

CASE STUDY ANALYSIS/CRITIQUE OUTLINE FOR CHAPTER(S) IN ALBEE AND GULLOTTA (1997)

Below is a tentative outline of what the case studies will cover. I am still working on the conceptualization of this outline and will let all students know if there are any changes made.

1. Author, Title of chapter in APA reference form.
2. Does this case study meet the definition of primary prevention (See Conyne, 1994, pp. 3-4) If so, why?
3. Does this intervention meet the criteria of a science based prevention program? (See class notes)
4. Describe the intervention using 1) Albee & Gullota's (1997) categorization or dimensions of prevention (See pages 16-18 of Albee & Gullota, 1997), 2) Bloom's (1996) configural (service oriented) model.
5. Summarize the justification for this preventive intervention from previous 1) theory, and 2) research.
6. Describe the "at risk" population or target group who received the intervention.
7. Describe the causal, structural, theoretical model or framework used to justify this intervention (if one exists).
8. What causal/structural model, stages, steps, phases, or sequential processes did this intervention follow?
9. Briefly describe the content of the intervention. What was done to the at risk target or populations?
10. Describe the process and method of the intervention. Who did what, to whom, under what circumstances?
11. What roles did the perventionist function in? (See chapter in Lippitt & Lippitt, 1986)
12. List and describe the skills employed in this intervention (See Conyne, 1997).
13. Describe the evaluation, research, and scientific design of this intervention to assess the intervention's outcome, impact, effectiveness, and results.
14. Were there any problems, resistances, or barriers to implementing the intervention discussed in the chapter or that are apparent to you.
15. Summarize the results of this intervention.
16. Describe any ethical issues that were part of this intervention (see Pope, 1990 or any professional Ethical Standards).
17. Were there any exiting, termination, or closure issues addressed in the chapter?
18. Enumerate and discuss any public policy issues that emanate from this case study.
19. State any unresolved questions you have about this case study.
20. Provide a summary of what it was like to do this critiques/analysis of this case study.

PREVENTION PROPOSAL OUTLINE

Below is a tentative outline of the prevention proposal. I am still working on the conceptualization of this proposal outline and will let all students know if any further changes are made.

1. Title of the prevention proposal.
2. Describe the specific problem that you want to prevent
3. Justify this preventive intervention, using past theory, research, and professional literature.
4. Using Bloom's Preorienting phase of awareness, provide a summary of the: 1) positive and negative issues with this prevention problem, 2) the contextual issues to be considered, 3) any ethical issues that are relevant to the intervention.
5. Briefly describe the overall problem you want to present. Describe the "at risk" population or target Group who will receive the intervention. Describe this problem using 1) Albee and Gullota's (1997) categories or dimensions of prevention, 2) Bloom's (1996) configural (service oriented) model.
6. Summarize the previous theoretical and empirical literature that justifies expenditure of resources to implement this prevention intervention.
7. Create a causal, structural, theoretical model or framework to justify your preventive intervention. Diagram your model or framework.
8. Describe the content of the intervention. What was done to the "at risk" target or population. Include any materials to be used in your intervention as an appendix.
9. Describe the methodology and process of the intervention. Who did what, to who, under what circumstances? Include all measures and materials used in an appendix.
10. Describe the expected roles you will assume with the intervention (See Lippitt & Lippitt, 1986)
11. Describe the skill needed to implement this intervention. Discuss these skills in the context of your conceptual model described in number 7.
12. Describe the evaluation, research, or scientific design of your intervention and ways to assess outcomes, impact, effectiveness, and results.
13. Describe what outcomes you are hoping for in the most positive sense.
14. Estimate any problems, barriers, and resistances that you expect from implementing your intervention.
15. Describe any ethical or professional issues to consider as you exit, terminate, and bring closure to your intervention. Describe any post project responsibilities.
16. Discuss any likely public policy statements that could come from your prevention intervention.
17. Discuss how likely it is that you will implement this prevention proposal.
18. Provide a summary of what it was like for you to write this proposal.

Alphabetical Listing of Readings on Regular and Electronic Reserve in Homer Babbidge Library and also on WebCT Home page for HFDS 302

Bothell, J. Mulroy, M.T. & Gaudio, M. (2000). Public service and public health: A university/government collaboration to prevent childhood lead poisoning. Journal of Higher Education, Outreach, and Engagement. 6, 31-39.

Becker, M.H. (1986). The tyranny of health promotion. Public Health Reviews. 14, 15-25.

Bloom, M. (1996). Frame of reference for primary prevention practice. In M. Bloom Primary prevention practices (pp 1-23). Thousand Oaks, CA.: Sage Publications.

Coie et al., (1993). The science of prevention: A conceptual framework and some directions for a national research program. American Psychologist. 48, 1013-1022.

Connecticut Certification Board Inc. Prevention Professional Certification: <http://www.ccb-inc.org/ccbprev.html>

Conoley, J.C. & Conoley, C.W. (1986). Consultation: What is it? Why do it? In J.C. Conoley & C.W. Conoley (Eds.) School consultation: A guide to practice and training. New York: Pergamon Press.

Conyne, R.K. (1997). Educating students in preventive counseling. Counselor Education and Supervision, 36, 259-269.

Conyne, R.K. (1999). Preventive counseling. Counseling and Human Development. 27, 1-10.

Crawford, R. (1997). Individual responsibilities and health politics. In P. Conrad & R. Kern (Eds.) The sociology of health and illness: Critical perspectives. New York: St. Martin Press.

Governor John Rowland's Prevention Initiative for Youth:
<http://www.dhmas.state.ct.us/sig/initiative.htm>

Klein, W.C. & Bloom, M. (1997). Preventing individual limitations/problems. In W.C. Klein & M. Bloom (Eds.) Successful aging: Strategies for healthy living (pp. 99-155). New York: Plenum.

Klein, W.C. & Bloom, M. (1997). Primary prevention for helping professional working with the new senior populations. In W.C. Klein & M. Bloom (Eds.) Successful aging: Strategies for healthy living (pp. 1-19). New York: Plenum.

Klein, W.C. (in press). The prevention of problems with the use and misuse of alcohol among older persons. Encyclopedia of primary prevention. New York: Plenum Publishers.

Knowles, J.H. (1997). The responsibility of the individual. In P. Conrad & R. Kern (Eds.) The sociology of health and illness: Critical perspectives. New York: St. Martin Press.

Link, B.G. & Phelan, J. (1995). Social conditions as fundamental cause of disease. Journal of Health and Social Behavior, Extra Issue, 80-94.

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Journal of Primary Prevention
<http://www.wkap.nl/journalhome.htm/0278-095X>

American Journal of Community Psychology

Prevention in Human Services

Applied & Preventive Psychology

Journal of Prevention and Intervention in the Community

Journal of HIV/AIDS Prevention & Education in the Community

Relevant Web Pages:

Prevention Online (SAMHSA, Substance Abuse)
<http://www.health.org/>

Division 17 of APA (Counseling Psychology) Prevention Section Listserve
join-prev-counpsy@listserv.uwstout.edu

International Society for the Prevention of Child Abuse & Neglect
<http://www.ispcan.org/>

Connect for Kids
<http://www.connectfor kids.org/>

Resources for Methods in Evaluation and Social Research
<http://gsociology.icaap.org/method>

American Association of Applied and Preventive Psychology
<http://w3fp.arizona.edu/aaapp>

National Institutes of Health Office of Prevention

<http://www.nih.gov/grants/grantinfo2.chm>

Preline – A comprehensive collection of preventive programs, resources, statistics, and government and private funding

<http://www.health.org>

Application of Prevention Technologies – Resources and technical assistance for alcohol, drug, and violence prevention.

<http://www.captus.org>

U.S. Office of Juvenile Justice and Delinquency Prevention (OJJDP)

<http://www.ojjdp.ncjrs.org>

Center for Disease Control (CDC) - CDC Prevention Guidelines Data Base – over 400 documents for the prevention and control of public health threats.

<http://www.cdc.gov>

Center for AIDS Prevention Studies

<http://www.caps.ucsf.edu>

Center for the Study and Prevention of Violence

<http://www.colorado.edu/cspv>

Emerging Glossary of Prevention Terms

Below is our initial set of terms related to prevention. This list of terms will no doubt grow or be redefined as we learn how prevention is conceptualized across the many disciplines in the School of Family Studies. I am hoping that students and faculty will add to this glossary as the course evolves. Many of these initial definitions came from Wallace and Hall's Psychological Consultation: Perspectives and applications (1996). I took the liberty of changing some definitions to make them directly applicable to the prevention science.

Accountability – The obligation of the preventionist to be answerable and responsible to professional Commitments.

Advocacy – An activity in which one individual supports or speaks on behalf of another. Advocates assume the role of supporters of another. Advocates assume the role of supporters to help those who cannot help themselves.

Assessment – the multilevel process of collecting information specific to the prevention problem.

Collaboration – Cooperation between the preventionist and another party in working toward prevention Goals.

Consultant – An individual who provides consultation to consultees. The consultant is assumed to have the expertise and methodological understanding necessary to help consultees resolve concerns of their client or others.

Consultation – A two way interaction; a process of seeking, giving and receiving help. Consulting is aimed at aiding a person, group, organization, or larger system in mobilizing internal and external resources to deal with problems (Lippitt & Lippitt, 1986).

Consultee – An individual who requests help from a consultant.

- Content Expert – Someone who shares expertise or information in the problem solving process.
- Contracting – The process through which a preventionist negotiates and agrees on terms for working together.
- Entry – The period during which a preventionist comes into the prevention relationship and assumes a formal helping role.
- Evaluation- Systematic and coordinated inquiries and processes that attempt to determine the positive and negative worth of activities, variables, procedures, and changes.
- Evaluation Design – The nature or structure of the plan for collecting data about prevention processes.
- Formative Evaluation - A form of evaluation that examines the ongoing decisions, actions, and processes while they are occurring.
- Goal Setting – A stage of prevention where plans are devised. Goal setting presupposes the accurate Assessment and diagnosis of prevention problems.
- Intervention – A planned method or strategy of addressing prevention problems.
- Negotiation – A practice that entails bargaining where partners that wish to come to an agreement dispute the natures and terms of the agreement.
- Power – The ability of one party to influence others to behave in ways that satisfy the individual exerting the power.
- Prevention-oriented Consultation – Consultation interventions designed to prevent the recurrence of undesirable conditions.
- Prevention Science – Focused primarily on the systematic study of potential precursors of dysfunction or health, called risk factors and protective factors (Coie, et al., 1993).
- Protective Factors – Conditions that improve people’s resistance to risk factors and disorder (Coie et al., 1993).
- Psychoeducation – Refers to the cumulative processes used to teach individuals psychological skills and knowledge so that they can cope efficiently with existing illness or prevent future illness.
- Psychological Education – Cumulative processes that teach curriculum that educates people in emotional development, self-esteem, and psychosocial competence.
- Qualitative Data – A type of subjective data that provides important generalizations or estimates of quality.
- Quantitative Data – Observable, objective, and measurable information that can be synthesized and expressed numerically.
- Resiliency - The ability to recover from or adjust easily to misfortune or change; bounce back.
- Resistance – Active or passive opposition to the real or anticipated changes accompanying prevention.

Anything that impedes problem solving or plan implementation and ultimately problem resolution (Wickstrom & Witt, 1993). An adaptive process by which people attempt to maintain their equilibrium during time of change.

Risk Factors – Conditions that improve people’s resistance to risk factors and disorder.

Science Based Program Criteria – Based on theory; evaluated as a demonstration project and shown to be effective; been replicated with similar results; reported in a peer-reviewed journal.

Social Policy – Government action – in the form of laws and regulations – which is supported through public funds. The study of social policy is the study of what government does, why it does it, and what difference it makes (Wisensale, 2002).

Summative Evaluation – A form of evaluation that focuses on prevention outcomes and goal attainment.

Team Building – A collection of diverse methods that encourage groups to function as teams.

Termination Stage – The end of the prevention process that implies certain roles and functions to effectively exit the prevention intervention.

Training – A structured, planned, instructional process in which learners acquire information or skills intended to enhance their ability to perform their work.